

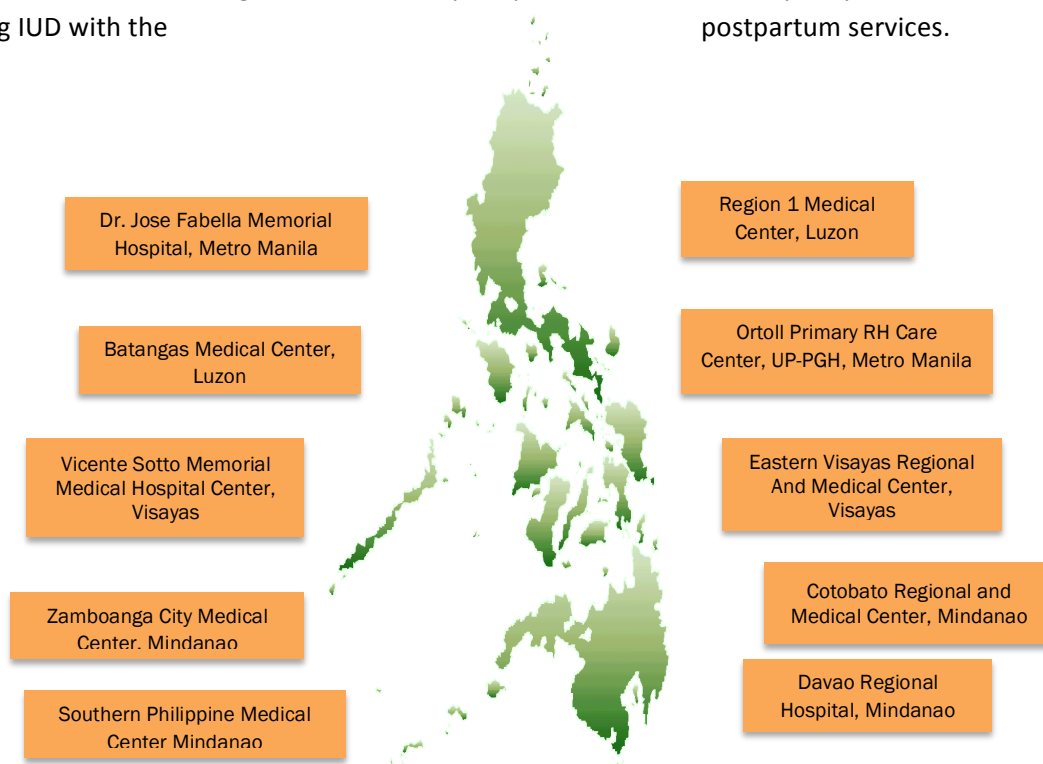
MCHIP Philippines

Quarterly Report: January-March 2013

Introduction

In Philippines, the 2011 Family Health Survey showed that maternal mortality increased from 162 to 221 between 2006 and 2011. A major factor that has contributed to the high maternal mortality in Philippines is the lack of access to effective family planning (FP) services. The Philippines has lagged behind the rest of Southeast Asia mainly because of challenges in national policy and support to service delivery for FP and reproductive health services. One of the gaps identified is the lack of availability of contraceptive choices immediately postpartum, especially long-acting and permanent family planning methods (LAPM). Use of immediate post-partum IUD and tubal ligation could be very attractive options for women who want to space or limit child bearing. MCHIP in the Philippines works with the Philippines Department of Health (DOH) to create an enabling policy environment for PPFP/PPIUD, and to establish resources and capacity for service delivery and training for PPFP/PPIUD adoption and scale-up.

MCHIP is working in 10 geographical areas in the Philippines. It is the objective of the program to develop Centers of Excellence throughout Philippines, which are model service delivery sites offering postpartum family planning programs, including PPIUD and also function as a technical/training resource for the CHD. The candidates for the 10 Centers of Excellence are noted on the map below. These sites were selected in collaboration with the DOH and are strategically placed to provide coverage to the three regions. All sites have high volume delivery hospitals, with interest, capacity, and commitment to integrating IUD with the postpartum services.



1. MCHIP Objectives, Activities, and Approach

The program objective of MCHIP Philippines is to provide technical assistance to the DOH to increase access to LAPM of family planning in the postpartum period through advocacy, development and documentation of training sites and model service delivery sites for PPFP/PPIUD. Planned activities:



Developing and Disseminating an advocacy paper on repositioning IUD and other LAPM as part of PPFP options



Developing a service delivery guideline for PPFP/PPIUD to supplement the current National Family Planning Guidelines (Green Book)



Establishing 10 Center of Excellence for PPFP/PPIUD



Providing technical assistance to DOH and other agencies for PPFP/PPIUD expansion in the Philippines



Documenting best practices to support replication at other sites



Conducting PPFP/PPIUD follow-up assessment study

In addition to the activities on PPFP/PPIUD, MCHIP will also support discrete activities on Maternal and Newborn health that includes 1) Building capacity of 300 newly hired midwives in the Autonomous Region in Muslim Mindanao (ARMM); and 2) consultancy from a newborn expert to identify set of activities that MCHIP can propose on Kangaroo Mother Care, and newborn resuscitation.

MCHIP's approach is to leverage support from existing organizations, programs, and agencies to increase the visibility and integration of PPFP/PPIUD. DOH, Center for Health and Development (CHD), UNFPA, Health Policy and Development Program (HPDP 2), BEmONC training, Essential Intrapartum and Newborn Care training (EINC), Integrated Midwifery Association Program (IMAP), Philippines Obstetrics and Gynecology Society (POGs) and the upcoming Behavior Change communication Program (CHANGE), as well as USAID's three regional bilateral programs in Luzon, Visayas, and Mindanao are some of the anticipated partnerships that MCHIP plans to build upon.

MCHIP defines a Center of Excellence as a site that fulfills the following criteria:

Has the training capacity or team of trainers for PPFP/PPIUD and ability to conduct Supportive Supervision in collaboration with the Center for Health and Development (CHD).

Has all the components for PPFP/PPIUD service delivery in place, including policy, counseling, services, and follow-up.

When feasible, the site is attached to a birthing unit that allows the trainees to get hands-on practicum experience.

3. Results for the Quarter (January-March 2013)

Advocacy and Guidelines

- MCHIP is assisting the update the Clinical Standards on Family Planning to develop standards on postpartum Family Planning. DOH has agreed to lead the Technical Working Group with assistance from MCHIP Philippines to develop guidelines. The first meeting of the TWG will be on April 2013 where MCHIP developed the working paper for PPFP clinical standards.
- MCHIP Senior Technical Advisor also served as member of the Technical Working Group for developing guidelines for Bilateral Tubal Ligation.
- MCHIP also developed a draft of Guidelines for Post Training and On-Going Supportive Supervision for PPFP/PPIUD for finalization and approval of DOH.

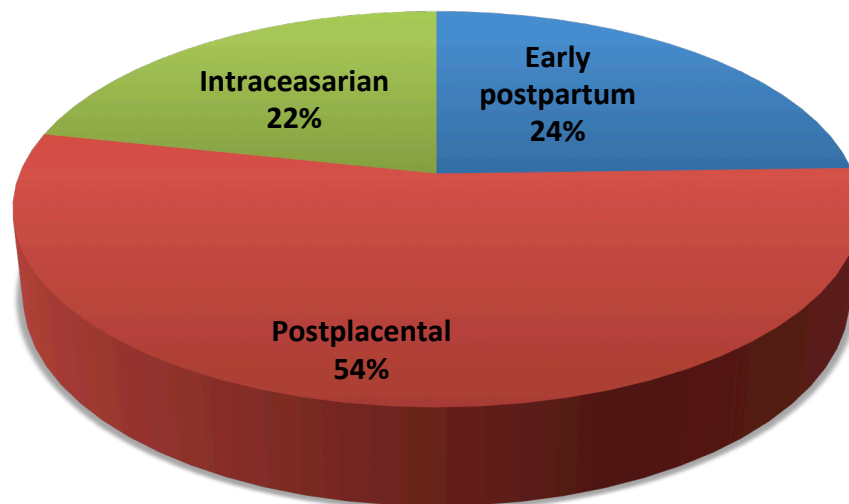
Development of Centers of Excellence

- As part MCHIP's goal to develop 10 Centers of Excellence for PPFP/PPIUD as a technical resource for training, a cadre of health providers were provided a clinical training skills on PPFP/PPIUD. At the

end of the Training of trainers, **twelve (12) clinical trainers were qualified to conduct competency-based skills training on PPFP/PPIUD** in the January 2013 training.

- Another set of health providers were trained on PPFP/PPIUD simultaneously during qualification of the candidate clinical trainers. **Thirty three (33) health providers who are doctors, nurses and midwives received PPFP/PPIUD training.** Eight (8) of the trained providers were qualified competent to perform the PPFP/PPIUD. The next step is to conduct a supportive supervision for these new providers, which MCHIP is coordinating to be done by corresponding regional projects of USAID.
- During this quarter, 5 supportive supervision visits were conducted in the health facilities developed as Centers of Excellence on PPFP/PPIUD.
- In Cotabato Regional and Medical Center, **a formal launch of the PPFP/PPIUD was done** during their celebration of Buntis Day last March 2013. Dr. Marinduque gave a talk on healthy timing and spacing of pregnancy for 500 pregnant women emphasizing the health benefits of spacing next pregnancy.
- By the end of March 2013, **a total of 1,284 postpartum IUD insertions were done by MCHIP trained providers** (see below), helping to fill the gap in unmet need for family planning by increasing access to women in postpartum. To date, the chart below presents the type of postpartum IUD insertions done in 10 sites from August 2012-March 2013.

**Figure 1. Postpartum IUD Insertion by type
Philippines, March 2013**



Facility	Total	Remarks
Batangas Medical Center (formerly Batangas Regional Hospital)	626	Have plans to do a roll out training on PPFP/PPIUD with oversight from MCHIP; PPFP counseling is integrated in the antenatal services
Davao Regional Hospital	27	PPFP/PPIUD provider was qualified and was visited for Supportive Supervision
Southern Philippines Medical Center (formerly Davao Medical Center)	34	Additional 5 providers were trained in PPFP/PPIUD
Region 1 Medical Center	90	Have additional 7 resident doctors providing PPFP/PPIUD; PPFP counseling is integrated in the antenatal services
Vicente Sotto Memorial Medical Center	102	Have low insertions during January due to competing training responsibilities but services has picked up February to March
Cotabato Regional and Medical Center	187	Have 10 residents who mentored to do PPFP/PPIUD; PPFP counseling is integrated in the antenatal services; launch PPFP/PPIUD through a Buntis Day activity; was visited for Supportive Supervision
Zamboanga City Medical Center	44	Two doctors were qualified competent for PPFP/PPIUD; was visited for Supportive Supervision
Eastern Visayas Medical Center	9	Need further motivation/ Discussion needs to be made with DOH regarding EVRMC performance
Ortoll Primary Reproductive Health Care Center	15	Ortoll thru Dr. Bernabe initiated incorporating PPFP/PPIUD in the residency program at the Department of OB-Gyn Department of Philippine General Hospital
Fabella General Hospital	158	Have 2 clinical trainers on PPFP/PPIUD; additional service provider on PPFP/PPIUD (1 nurse and 3 midwives in the FP unit; work with Department of Ob-Gyn to train 56 residents to do PPFP/PPIUD using the kelly forceps
Total	<u>1292</u>	

Providing Technical Assistance to other agencies for PPFP/PPIUD expansion

- **MCHIP is collaborating with different USAID projects for the provision of technical assistance.** MCHIP met with new projects like LuzonHealth, MindanaoHealth, CHANGE to explore parallel initiatives where MCHIP and these other projects can collaborate. An Memorandum of Understanding between MCHIP and Integrated Midwives Association of the Philippines is underway.

4. Challenges and Lessons Learned

- Competing responsibilities of health service providers to fully provide PPFP/PPIUD services. With regard to report submission, compliance of sites to agreed submission deadlines of monthly reports is not met. Constant follow up of project team is done and encouragement among the selected sites to submit report as part of their contribution to this initiative on postpartum family planning in the country.
- System of coordinating with other USAID projects in terms of site supportive supervision visits has to be established so that proposed activities in the common sites where MCHIP is working will be well facilitated. USAID/Philippines will provide guidance the program on this one.
- The need for additional PPIUD materials such as the kelly placental forceps is an imminent need when additional providers will be trained. Continuous discussion with the Department of Health and other USAID projects for them to source out these materials to be used and given to participants during training.

5. The Way Forward

April 2013

- Monitoring and Evaluation consultancy visit
- Submission Draft of Guidelines on PPFP/ PPIUD to DOH
- Draft program learnings document
- Supportive supervision visits to the sites.
- Participation to the Newborn Care Conference
- Technical Working Group on PPFP Guidelines Meeting
- Supportive supervision visits to the sites

May 2013

- Workshop on supportive supervision for key personnel at the regional level of the DOH.
- Technical Working Group on PPFP Guidelines Meeting
- Supportive supervision visits to the sites
- Collaboration with Fabella on documenting 20 years experience on PPFP/PPIUD

June 2013

- Advocacy paper to be presented
- Supportive supervision visits to the sites.
- Technical Working Group on PPFP Guidelines Meeting

6. Annex A: Documentation on Launching of Postpartum Family Planning in one of the sites, Cotabato City



Celebration of Pregnancy

March is women's month and the Cotabato Regional Medical Center (CRMC) held two events to mark this significant month. On March 12, 2013 with support from USAID-MCHIP, the Cotabato Regional Medical Center (CRMC) celebrated two events for expectant mothers, the *Buntis* (pregnant) Day Celebration and launch of the postpartum family planning/postpartum intrauterine device (PPFP/PPIUD) initiative. MCHIP is a USAID-funded program that assists the Department of Health in improving access to PPFP/PPIUD services in the Philippines. CRMC is one of the Ten Centers of Excellence assisted by MCHIP in strengthening its PPFP service delivery and training capacity.

Dubbed as *Kalinga ni Nanay, Karugtong ay Buhay*, the event highlighted that a nurturing mother is important for children to be healthy thus, caring for her body is equally important for the baby.

More than 500 pregnant women gathered to witness an event that celebrates the joys of pregnancy and delivery. The key message is: this phase in a woman's life should not end after successfully delivering a healthy baby. Happiness and satisfaction should extend well into the next few years. When both the mother and the child are healthy, the family is able to allocate their resources better. This is possible if the husband and wife plan the timing and spacing of their children.

The festivities for the *Buntis* Day started in the early morning as women lined up to receive free health services such as complete blood count (CBC), blood type, random blood sugar (RBS) test, tetanus toxoid vaccination, and ultrasound services for the first 10 participants.



One of the pregnant women who attended the Buntis Party and visited the PPFP/PPIUD booth

During the event, the health benefits of PPFP for mothers and babies were presented. PPFP helps improve health outcomes for children through healthy spacing of pregnancies. PPIUD is a safe, effective, long-acting method that after provision requires no additional action on the part of client and provider.

PPFP/PPIUD Launch

CRMC Chief of Hospital, Dr. Helen Yambao, opened the activity. A group of nurse volunteers prepared a skit that puts emphasis on the value of being able to space or limit pregnancy for couples. The short act emphasized that if couples opt for healthy spacing and timing of next pregnancy, there are family planning method choices available – which includes PPIUD.

Dr. Bernabe Marinduque, Senior Technical Advisor for Maternal and Child Health Integrated Program (MCHIP) further emphasized the value of healthy timing and spacing of pregnancy for both mothers and babies. He mentioned that the World Health Organization (WHO) recommends that after giving birth, the minimum interval before attempting the next pregnancy should be at least 24 months in order to reduce risks of adverse maternal, perinatal, and infant outcomes. At the moment, bilateral tubal ligation and IUD insertion are postpartum family planning methods, which are long acting. Lactational amenorrhea method (LAM) is another available postpartum family planning method.

Women should not confuse exclusive breastfeeding (EBF) with LAM. EBF is not a contraceptive method. It is a method of infant feeding wherein the baby is given breast milk alone without water, other liquids or solid foods for six months. LAM is a contraceptive method that uses EBF to naturally and effectively suppress ovulation and prevent pregnancy.

An open forum followed when women inquired about the side effects of IUD and they also inquired on myths and misconceptions about IUD.

Following this was a message from the Center of Health Development (CHD) Region 12 Director, Dr. Marilyn Convar. She shared how supportive the region is for family planning programs. She spoke of the commitment that CHD gave by allocating Php500,000 (\$12,500) on family planning programs logistics and services. She said that with the introduction of postpartum IUD in the available methods of family planning, women's and



Informational and promotional materials in the PPIUD booth



Dr. Marinduque discussing health spacing of pregnancy among mothers present during the launch.



A pregnant woman asking if after opting IUD, a women could no longer lift heavy things. Dr. Abe disproved this misconception and further explained about IUD insertion



families' choices are further expanded. She shared that there are more than 200 postpartum IUD insertions done by CRMC from August 2012 to date.

Dr. Kadil "Jojo" Sinolinding, Secretary of the Department of Health in the Autonomous Region in Muslim Mindanao (DOH-ARMM) gave an inspiring message for the pregnant mothers. Dr. Sinolinding said that a woman is at her most beautiful when she is pregnant. He also discussed how in the ARMM efforts to ensure the welfare of women are being pursued. This is supported by evidence from the 2011 Family Health Survey that showed a decline in neonatal and child mortality statistics in the region.

The launching of the PPFP/PPIUD culminated with a message from the Deputy Chief of USAID Office of Health, Ms. Judy Chen. She emphasized the importance of expanding the choices of mothers and their families to experience the benefits of healthy timing and spacing of their pregnancies using a long-acting method— the postpartum IUD.

Ms. Chen congratulated CRMC for being selected by the national DOH as a Center of Excellence on PPFP and shared a congratulatory note to the CHD region 12 for its leadership in supporting CRMC take on its critical role as a technical excellence center.

She also stated that USAID will continue to partner with the DOH to help build CRMC as Center of Excellence for PPFP in the region through MCHIP. This support will expand throughout the region through USAID Project MindanaoHealth, which will provide the opportunity to scale up this program.

On top left, Dr. Marivic Convocar, CHD Region 12 Director; middle, Dr. Kadil Sinolinding, DOH ARMM Secretary; and bottom left photo, Ms. Judy Chen, Deputy Chief, Office of Health, USAID/Philippines



Dr. Yambao leads the opening of the Buntis Day and PPFP/PPIUD launching

Dr. Yambao, CRMC Chief of Hospital, gave the opening remarks to welcome more than 500 pregnant women who attended the event. She also acknowledged guests coming from the government and other stakeholders particularly from USAID/Philippines Office of Health, and two USAID-supported projects, MCHIP and MindanaoHealth.



RN Heals PPFP/PPIUD skit

RN Heals nurses in CRMC prepared a dance skit about the value of healthy spacing and timing of pregnancy by providing options to the couples on family planning methods, including long acting ones.

Donation of Training materials to CRMC

As part of the effort to build CRMC as Center of Excellence for PPFP/PPIU, USAID through its implementing partner, MCHIP donated training materials such as Zoe model and other materials. These will be used by CRMC to develop their facility as a service delivery site and training resource in the region for PPFP/PPIUD.

From right to left, Ms. Judy Chen (USAID), Dr. Marilyn Convochar (CHD 12), Dr. Helen Yambao, (CRMC), Dr. Jojo Sinolinding (DOH-ARMM), Dr. Bernabe Marinduque (MCHIP), Dr. Gloria Redoble (CRMC), and Ms. Consuelo Anonuevo (Activity Manager for USAID/Philippines' MCHIP Project)



PPFP/PPIUD Booth

CRMC's PPFP/PPIUD booth provided materials on family planning and reading materials on PPIUD. Promotional materials, like post-it, bookmarks, and baby clothes were distributed to pregnant women who visited the booth



7. Annex C: Photos from TOT on PPFP/PPIUD



Candidate trainers preparing materials for the training



One of the candidate trainers showing participants the no-touch technique

8. Annex B: Photos from Supportive Supervision Visits



Dr. Marindique, Senior Technical Advisor, during demonstration with other providers in Zamboanga City Medical Center.



PPFP/PPIUD trained provider during actual insertion



Trained provider performs PPIUD insertion steps on a zoe model



Dr. Abe and other provider as he shows how the new Laerdal model can be used for demonstration of PPIUD insertion.